



IEW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/080,707	
	Filing Date	February 25, 2002	
	First Named Inventor	David William Matula	
	Group Art Unit	2144	
	Examiner Name	Gertrude Arthur-JeanGlaude	
Total Number of Pages in This Submission	5	Attorney Docket Number	037461-2

ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Response To Office Action <input checked="" type="checkbox"/> In response to Notice of Non-Compliant Amendment (37 CFR 1.121) mailed on November 7, 2005 <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request for _____ months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawings (1 Replacement Sheet, Figures 1A, 1B, 2A and 2B; 1 sheet with annotations) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<p>Remarks</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<p><u>Raymond Van Dyke, Reg. No. 34,746</u></p> <p>Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128</p>
Signature	
Date	<p>November 28, 2005</p>

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.

Date

Signature

Typed or printed name